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Denturism and the Dentists

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THE spread of denturism has been the subject of increased attention by health professionals throughout the United States. Denturism can be defined as a movement of dental-laboratory technicians who are seeking to be licensed independently from other dental-care practitioners, so that the dental-laborato-

ry technician can directly serve the public. The technicians who support independent licensure of their occupation are called denturists.¹ From a movement originating in Canada in the 1950's, today one finds that denturism has gained a rather firm foothold in the United States. At present, denturism has been legalized in two states: Maine and Arizona. And there are more on the horizon — a total of 14 states had denturism bills pending at the end of 1977.

Why has denturism gained such an avid constituency? Why does it appear that more and more legislators are endorsing denturism legislation with alacrity? Moreover, what — if anything — should the health professions do when faced with the present situation? These questions, and a plethora of others, are in the forefront today. And, with an issue as timely as denturism, this is as it should be. Unfortunately, there are no answers that satisfy everyone. This paper will briefly explore the denturism issue, and attempt to present an overview of some of the problems.

What is the root of the denturism problem? It is generally acknowledged that the basis of the denturism controversy is economics.²⁻⁵ Prosthetic denture services can be rather expensive; in 1975, the mean fee for a complete upper and lower full denture was \$502.⁶ In addition, a substantial segment of the public requires prosthetic denture services. In 1975, it was estimated that 23,500,000 Americans were totally edentulous, and 24.7 per cent of the population over the age of 29 wore at least one full denture!⁷

At present, when a dentist fabricates a prosthetic appliance for a patient, the "laboratory phase" of the treatment is generally carried out by a laboratory technician. Although the technician actually fabricates the prosthesis, it is the dentist who works directly with the patient. Some laboratory technicians envision the dentist as the "middleman," and believe that they could offer prosthetic services directly to patients, thus saving them the dentist's fee.^{2,8} Although perhaps this notion is not completely altruistic, it does attract the attention of consumers and legislators.

Because it is usually the older patient who needs prosthetic dental treatment, much of the support for the denturism movement has come from organized "senior" citizens.⁹ A Canadian study found that prosthetic services provided by denturists are roughly half the price of services provided by licensed dentists.¹ Denturists argue that the role of the dentist in the fabrication of a denture adds extra, needless expense.

Although the economic basis of the denturism problem has been acknowledged privately by both organized dentistry and the denturists, publicly one of the more cogent arguments offered against denturism by the dentists has been that of proper oral diagnosis before fabrication of the denture.² Does the patient have any abnormality or underlying systemic condi-

tion that, potentially, could compromise the oral tissues, or necessitate special pretreatment? Dentists contend that it is imperative that these questions be answered fully before the fabrication of a denture is initiated. The oral soft tissues are composed of unkeratinized epithelium, which can be injured from the wearing of poorly fitted dentures. Shafer⁹ has categorized these injuries specifically as: traumatic ulcer; generalized inflammation; inflammatory hyperplasia; papillary hyperplasia of the palate; and denture-base intolerance or allergy. Is a denturist qualified to evaluate the above problems? Both dentists and denturists agree that the answer is "No."

However, this problem has been solved in Canada. Before a patient can avail himself of the services of a denturist, he must obtain a "certificate of oral health" from either a dentist or a physician.^{2,3} In Manitoba, where these certificates are mandatory, about 75 per cent are signed by physicians rather than dentists.² Although a physician certainly can evaluate a patient's general oral health, when examining for a denture, perhaps a dentist could perform more effectively. At any rate, the "certificate of oral health" does help to assure the safety of the patient.

Organized dentistry, in both the United States and Canada, has been opposed to the concept of denturism, ever since the movement began. In Canada, however, the dental profession has largely given up the fight.^{2,3} In the province of Manitoba, for example, the dental society estimated that about \$100,000 was spent to oppose denturism, only to have the Dental Mechanics Act become law.² In the United States, the American Dental Association has been working hard, both publicly and privately, to combat denturism, and yet since the fight began, two states have legalized denturism! The American Dental Association is reputed to have allocated over \$1 million to this struggle.

The American Dental Association has based its anti-denturist strategy on a campaign of public education.^{2,8,10-12} The Association believes that if the public is informed of the advantages of having dentists provide prosthetic services, patients will make the "rational" choice, and select the dentist over the denturist. The dentist has had both a pre-professional college education, and a four-year professional education in all phases of dentistry, and should have both knowledge and skills superior to those of a denturist. However, this situation should not mean that only a dentist can possess these skills. Unfortunately, some members of the public have viewed denturists as denture specialists, with training and experience in dentures beyond that of a general dentist!² The American Dental Association found that 24 per cent of those polled thought a denturist "pulls teeth,"¹³ and 5 per cent thought a denturist was a "female dentist!"¹⁴ Such fanciful notions need to be corrected, but will the public listen to the dental profession? Sarnier concludes that, "no amount of lobbying effort on the part

of the dental profession, especially hiding behind lofty clichés and self-interest, can overcome the tremendous political power of the dental-care consumer."¹⁵

What are the alternative approaches to the denturism problem? The Council of State Governments, a joint agency of all the state governments, has presented four possibilities for coping with the denturism problem: maintain the present situation; license denturists and require that standards be set; license denturists independently but require a "certificate of oral health"; and license denturists, but ensure that they practice under the supervision of a dentist.¹ None of these positions would completely satisfy both the dentists and the denturists; all would require compromise.

The first alternative, maintaining the present situation, would mean, allowing most denturists to continue to practice illegally. Although denturism is legal in only two states, throughout the United States there are many areas where denturists illegally serve the public directly. They offer their services for fees far lower than those charged by licensed dentists, and are especially attractive to persons with limited funds.

The second alternative is the general approach that has been followed in Canada, where denturists were first legalized and licensed in British Columbia in 1958.¹⁶ The British Columbia Dental Technicians Act of 1958 provided for setting up a board of examiners, and permitted this board to make regulations defining the services and specifying the circumstances under which these services could be provided. This alternative appears to be the one preferred by the denturists. A licensure board could be set up in the United States providing for educational standards and for the testing of those aspiring to become denturists.

A third alternative would be to license denturists independently, but mandate that they obtain a "certificate of oral health" from a dentist or physician before making anyone a denture. This step would satisfy the problem of fabrication of dentures on unhealthy oral tissues, and also would obviate the need to educate denturists in the intricacies of oral disease. This system is now in use in some Canadian provinces, but has had some problems. Denturists have maintained that patients often have difficulty obtaining certificates from dentists and that generally the certificate acts as a barrier, making it difficult to obtain prosthetic denture services.

The fourth alternative — i.e., to license the denturists but require that they practice under the supervision of a dentist — is in operation in Maine and Arizona. In the United States, dental hygienists currently provide services in this manner, and under this system, the denturist would assume a similar role. Denturists could be compensated by several methods, such as an hourly rate, a salary or a percentage of their production.

Judging from the present trend, one would have to concede that denturism has had a major effect. In

Canada, denturists have been legalized for 20 years, and there are few problems.^{1,12,17} Many denturists offer money-back guarantees — a policy that is extremely popular.^{2,3} Can a dentist compete with this setup? In the United States the denturists have their foot in the door, and are fervently attempting to cross the threshold. Perhaps their advance will be halted, but I have not seen any evidence to support that contention; consumerism is growing in this country.

How will it all end? The notion of training denturists as para-professionals, and allowing them to practice under the supervision of a dentist, is gaining acceptance. Fees for health care in general, and dental care in particular, have gone up, and the public is aroused. Dentures that cost \$390 in 1971¹⁸ were up to \$502 in 1975,⁶ an increase of almost 30 per cent. Permitting denturists to serve the public directly would reduce these costs, as has occurred in Canada. At the same time, requiring denturists to practice under the supervision of a licensed dentist should assure quality of care. Would it then really be possible to have denturism, with lower fees, without sacrificing quality? It is hard to be sure, of course, but this is an attractive possibility that seems worth exploring.

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